

DECLARATION/POWER OF ATTORNEY FOR UTILITY OR DESIGN PATENT APPLICATION (37 CFR 1.63)		Attorney Docket Number 17823	
<input checked="" type="checkbox"/> Declaration Submitted with Initial Filing <input type="checkbox"/> Declaration Submitted after Initial Filing (surcharge (37 CFR 1.16(e)) required)		First Named Inventor John P. Huss, Jr.	
		COMPLETE IF KNOWN	
		Application Number	
		Filing Date	
		Group Art Unit	
		Examiner Name	

As a below named inventor, I hereby declare that:

My residence, mailing address, and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

PIN INSTALLATION GUIDANCE APPARATUS, METHODS AND ARTICLES OF MANUFACTURE

the specification of which

☒ is attached hereto

OR

☐ was filed on _____ as United States Application Number _____ or PCT International Application Number _____ and was amended on (MM/DD/YYYY) _____ (if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or 365(b) of any foreign application(s) for patent or inventor's certificate, or 365(a) of any PCT international application which designed at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or any PCT international application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached?	
				YES	NO
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

☐ Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.

I hereby claim the benefit under 35 U.S.C. 119(e) of any United States provisional application(s) listed below.

Application Number(s)	Filing Date (MM/DD/YYYY)

☐ Additional provisional application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.

Please type a plus sign (+) inside this box → ☐

PTO/SB/01 (10-00)

Approved for use through 10/31/2002. OMB 0651-0032

U.S. Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

DECLARATION – Utility or Design Patent ApplicationDirect all correspondence to: ☐ Customer Number or ☒ Correspondence address belowName **Joseph A. Tessari, Esquire**Address **Tyco Technology Resources**Address **4550 New Linden Hill Road—Suite 450**City **Wilmington**State **DE**Zip **19808-2952**Country **US**

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POWER OF ATTORNEY

I hereby appoint the following practitioner(s) to prosecute this application and transact all business in the Patent and Trademark Office connected therewith:

Salvatore Anastasi
 Michael J. Aronoff
 Joseph E. Chovanes
 Stephen J. Driscoll
 Robert J. Kapalka
 Driscoll A. Nina, Jr.
 Joseph A. Tessari
 Bruce J. Wolstoncroft

Registration No. 39090
 Registration No. 37770
 Registration No. 33481
 Registration No. 37564
 Registration No. 34198
 Registration No. 34685
 Registration No. 32177
 Registration No. 32075

I hereby appoint the practitioner(s) associated with Customer Number _____ to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith.

Attached, as part of this Declaration and Power of Attorney, is the authorization of the above-named practitioner(s) to accept and follow instructions from my representative(s).

DECLARATION

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

NAME OF SOLE OR FIRST INVENTOR☐ A petition has been filed for this unsigned inventor

Given Name (first and middle [if any])

John P.

Family Name or Surname

HUSS, Jr.

Inventor's Signature

*John P. Huss, Jr.*Date **3/1/02**Residence/City: **Harrisburg**State **PA**Country **US**Citizenship **US**Mailing Address: **6821 Wesley Drive**

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Please type a plus sign (+) inside this box → ☐

PTO/SB/01 (10-00)

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U.S. Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

NAME OF SECOND INVENTOR:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle (if any)) Galen M.		Family Name or Surname MARTIN	
Inventor's Signature <i>Galen M. Martin</i>		Date <i>2/26/02</i>	
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Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
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Residence/City:	State	Country	Citizenship
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Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle (if any))		Family Name or Surname	
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Mailing Address:			
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City:	State	Zip	Country
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle (if any))		Family Name or Surname	
Inventor's Signature		Date	
Residence/City:	State	Country	Citizenship
Mailing Address:			
Mailing Address:			
City:	State	Zip	Country
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle (if any))		Family Name or Surname	
Inventor's Signature		Date	
Residence/City:	State	Country	Citizenship
Mailing Address:			
Mailing Address:			
City:	State	Zip	Country

[] Additional inventors are being named on the _____ supplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached hereto.